

SAN GABRIEL COUNTY WATER DISTRICT
2011 ANNUAL WATER QUALITY REPORT

INTRODUCTION

This report contains important information about your drinking water. Please have someone translate it for you.

Esta información es importante.
Por favor pídale a alguien que se la traduzca.

这一信息非常重要。
请别人为您翻译一下。

Mahalaga ang impormasyong ito.
Mangyaring ipasalin ito.

ਇਹ ਸੂਚਨਾ ਮਹੱਤਵਪੂਰਨ ਹੈ।
ਕਿ੍ਰਪਾ ਕਰਕੇ ਕਿਸੀ ਤੋ ਇਸ ਦਾ ਅਨੁਵਾਦ ਕਰਾਉ।

Chi tiết này thật quan trọng.
Xin nhờ người dịch cho quý vị.

這假資訊非常之重要。
請他人為您翻譯一下。

मह सूचना महत्वपूर्ण है।
कृपा करके किसी से सहा अनुवाद करायें।

この情報は重要です。
翻訳を依頼してください。

이 안내는 매우 중요합니다.
본인을 위해 번역인을 사용하십시오.

هذه المعلومات هامة
الرجاء أن تجعل أحد الأشخاص يساعدك في ترجمتها.

WHERE DOES YOUR DRINKING WATER COME FROM?

This District (SGCWD) provides approximately 9,028 customers with quality drinking water that meets or surpasses all state and federal drinking water standards. 100% of that water comes from wells in the Main San Gabriel and Raymond Groundwater Basins. It is disinfected using chlorine and then sent through a distribution network of buried pipes to your home.

WHAT ARE WATER QUALITY STANDARDS?

The quality and safety of drinking water in the United States is regulated by the federal government through the Environmental Protection Agency (EPA). In California, the EPA standards are supplemented and enforced by the California Department of Public Health (CDPH). Drinking water standards establish limits for substances that may affect health or aesthetic qualities of water. The drinking water served by San Gabriel County Water District is safe and well within EPA and DHS standards. The chart in this report shows the following types of water quality standards:

Maximum Contaminant Level (MCL): The highest level of a contaminant that is allowed in drinking water. Primary MCLs are set as close to the PHGs (or MCLGs) as is economically and technologically feasible. Secondary MCLs are set to protect the odor, taste and appearance of drinking water.

Primary Drinking Water Standard (PDWS): MCLs and MRDLs for contaminants that affect health along with their monitoring and reporting requirements, and water treatment requirements.

Treatment Technique: A required process intended to reduce the level of a contaminant in drinking water.

Regulatory Action Level (AL): The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

Maximum Residual Disinfectant Level (MRDL): The level of a disinfectant added for water treatment that may not exceed at the consumer's tap.

WHAT IS A WATER QUALITY GOAL?

In addition to mandatory water quality standards, the U.S. EPA and the State of California have set voluntary water quality goals for some contaminants. Webster's Dictionary defines a goal as an end towards which effort is directed. Water quality goals are often set at such low levels that they are not achievable in practice and are not directly measurable, but they nevertheless provide useful guideposts for aiming water management activities. The chart in this report includes three types of water quality goals;

(1) **Maximum Contaminant Level Goal (MCLG):** The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are set by U.S. Environmental Protection Agency.

(2) **Public Health Goal (PHG):** The level of a contaminant in drinking water below which there is no known or expected risk to health. PHGs are set by the California Environmental Protection Agency.

(3) **Maximum Residual Disinfectant Level Goal (MRDLG):** The level of a disinfectant added for water treatment below which there is no known or expected risk to health. MRDLGs are set by the U.S. Environmental Protection Agency.

WHAT CONTAMINANTS MAY BE PRESENT IN SOURCES OF DRINKING WATER?

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals

or from human activity. Contaminants that may be present in source water include:

Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural and livestock operations, and wildlife.

Inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining or farming.

Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban storm water runoff, and residential uses.

Organic chemical contaminants, including synthetic and volatile organic chemicals, that are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, agricultural application, and septic systems.

Radioactive contaminants, That can be naturally-occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, the U.S. Environmental Protection Agency (USEPA) and the California Department of Public Health (CDPH) prescribe regulations that limit the amount of certain contaminants in water provided by public water systems. DHS regulations also establish limits for contaminants in bottled water that must provide the same protection for public health.

ARE THERE ANY PRECAUTIONS THE PUBLIC SHOULD CONSIDER?

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the USEPA's Safe Drinking Water Hotline (800-426-4791).

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/Centers for Disease Control (CDC) guidelines on appropriate means to lessen the risk of infection by Cryptosporidium and other microbial contaminants are available from the Safe Drinking Hotline (800-426-4791).

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About Nitrate: Federal regulations at 40CFR 141.145(c)(1), require the following statement about nitrate and blue baby syndrome. Please be aware that the nitrate level in your water is below the MCL and there have been no cases of blue baby syndrome reported in the United States where the nitrate concentration was at or below the MCL.

Required Statement: Nitrate in drinking water at levels above 45 mg/L is a health risk for infants of less than six months of age. Such nitrate levels in drinking water can interfere with the capacity of the infant's blood to carry oxygen, resulting in serious illness; symptoms include shortness of breath and blueness of the skin. Nitrate levels above 45 mg/L may also affect the ability of the blood to carry oxygen in other individuals, such as pregnant women and those with certain specific enzyme deficiencies. If you are caring for an infant or you are pregnant, you should ask for advice from your health care provider. Nitrate levels may rise quickly for short periods of time because of rainfall or agricultural activity.

Required Statement: If present, elevated levels of lead can cause serious health problems, especially for pregnant and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. San Gabriel County Water District is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at <http://www.epa.gov/safewater/lead>.

Required Statement: While your drinking water meets the federal and state standard for arsenic, it does contain low levels of arsenic. The arsenic standard balances the current understanding of arsenic's possible health effects against the costs of removing arsenic from drinking water. The U.S. Environmental Protection Agency continues to research the health effects of low levels of arsenic, which is a mineral known to cause cancer in humans at high concentrations and is linked to other health effects such as skin damage and circulatory problems.

DRINKING WATER SOURCE ASSESSMENT COMPLETED

In accordance with the Federal Safe Drinking Water Act, an assessment of the drinking sources for the San Gabriel County Water District was updated in July 2010. The purpose of the drinking water source assessment is to promote source water protection by identifying types of activities in the proximity of the drinking water sources which could pose a threat to the water quality. The assessment concluded that 5 of the Districts 6 sources are considered vulnerable to the following activities or facilities associated with contaminants detected in the water supply: gas stations, automobile repair shops, dry cleaners, PCA sewer collection systems. A copy of the report is available for review at the District office located at 8366 Grand Ave., Rosemead, California.

ABBREVIATIONS USED IN THE TABLES:

- AL = Action Level
- NL = Notification Level
- > = Greater than
- < = Less than
- mg/L = Parts per million
- ppm = Parts per million
- ppb = Parts per billion
- ppt = Parts per trillion
- pCi/L = PicoCuries per liter
- MCL = Maximum Contaminant Level
- MCLG = Maximum Contaminant Level Goal (Federal)
- MFL = Micro fibers per liter
- MRDL = Maximum Residual Disinfectant Level
- MRDLG = Maximum Residual Disinfectant Level Goal
- PHG = Public Health Goal (State)
- ND = Not Detected (not found above the minimum detectable level for this contaminant)
- TT = Treatment Technique
- uS/cm = Microsiemens per centimeter

QUESTIONS?

For more information or questions about the information contained in this report, please contact Mr. Casey Feilen, Production Supervisor, San Gabriel County Water District, P. O. Box 2227, San Gabriel, CA 91778-2227, (626) 287-0341. Regularly scheduled Board of Directors meetings are held the second and fourth Tuesday of each month at 8366 Grand Avenue, Rosemead, CA and are open to public participation in decisions that may affect the quality of your water.

WATER CHARACTERISTICS

The parameters listed below are unregulated and have no MCLs although the California Department of Public Health (CDPH) does require monitoring.

- * Monitoring is required every three years, results are from 2009-2011.
- ** Monitoring is required every three years, results are from 2010.
- *** Monitoring is required every six / nine years, results are from 2006-2011.

| Parameter | Units | Range | Average |
|--------------|--------|-----------|---------|
| * PH | 0 - 14 | 7.9 - 7.7 | 7.76 |
| * Alkalinity | ppm | 150 - 120 | 138 |
| * Hardness | ppm | 170 - 71 | 120.6 |
| * Sodium | ppm | 41 - 30 | 37 |
| * Calcium | ppm | 46 - 22 | 34.2 |
| * Potassium | ppm | 1.6 - 1.2 | 1.4 |
| * Magnesium | ppm | 13 - 4.8 | 9.68 |

2011 Water Quality Analysis Results Table

| Parameter | Units | State MCL, NL, AL or MRDL | MCLG, (PHG) or MRDLG | SGCWD Groundwater | | Major sources and typical health effects of the contaminant |
|--|------------|---------------------------|-------------------------|---------------------------|---------|---|
| | | | | Range | Average | |
| Primary Standards - Mandatory Health-Related Standards Established by California Department of Public Health | | | | | | |
| MICROBIOLOGICAL CONTAMINANTS | | | | | | |
| Total Coliform Bacteria (Total Coliform Rule) | % positive | 5% positive | 0% positive | 0 pos. samples out of 988 | 0 | Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. |
| DISINFECTION BYPRODUCTS | | | | | | |
| Total Trihalomethanes (TTHMs) | ppb | 80 | (na) | 2.4 - 0.6 | 1.5 | Total Trihalomethanes are a by-product of drinking water disinfection. Some people who drink water containing trihalomethanes <i>in excess</i> of the MCL over many years may experience liver, kidney or central nervous system problems, and may have an increased risk of getting cancer. |
| Chlorine | ppm | 4.0 (as Cl ₂) | 4 (as Cl ₂) | .79 - .58 | 0.69 | Chlorine is a drinking water disinfectant added for treatment. Some people who use water containing chlorine well <i>in excess</i> of the MRDL could experience irritating effects to their eyes and nose. Some people who drink water containing chlorine well <i>in excess</i> of the MRDL could experience stomach discomfort. |
| INORGANIC CONTAMINANTS | | | | | | |
| Nitrate (as No ₃) | ppm | 45 | (45) | 36.0 - ND | 17.22 | Nitrate sources include runoff and leaching from fertilizer use; leaching from septic tanks and sewage; erosion of natural deposits. Infants below the age of six months who drink water containing nitrate <i>in excess</i> of the MCL may quickly become seriously ill and, if untreated, may die because high nitrate levels can interfere with the capacity of the infant's blood to carry oxygen. Symptoms include shortness of breath and blueness of the skin. High nitrate levels may also affect the oxygen-carrying ability of the blood of pregnant women. |
| *Fluoride | ppm | 2.0 | (1) | .86 - .66 | 0.80 | Fluoride sources include erosion of natural deposits; water additive that promotes strong teeth; discharge from fertilizer and aluminum factories. Some people who drink water containing fluoride in excess of the federal MCL of 4 mg/L over many years may get bone disease, including pain and tenderness of the bones. Children who drink water containing fluoride in excess of the state MCL of 2mg/L may get mottled teeth. |
| *Arsenic | ppb | 10 | (0.004) | 6.1 - ND | 1.76 | Arsenic sources are erosion of natural deposits; runoff from orchards; glass and electronics production wastes. Some people who drink water containing arsenic in excess of the MCL over many years may experience skin damage or circulatory system problems, and may have an increased risk of getting cancer. |
| **Copper (at the tap, 90th percentile) - 30 sample sites - none exceeding AL | ppm | AL = 1.3 | (0.3) | 90th percentile = 0.22 | NA | Copper sources include internal corrosion of household plumbing systems, erosion of natural deposits; leaching from wood preservatives. Copper is an essential nutrient, but some people who drink water containing copper <i>in excess</i> of the action level over a relatively short amount of time may experience gastrointestinal distress. Some people who drink water containing copper <i>in excess</i> of the action level over many years may suffer liver or kidney damage. People with Wilson's Disease should consult their personal doctor. |
| VOLATILE ORGANIC CONTAMINANTS | | | | | | |
| Tetrachloroethylene (PCE) | ppb | 5 | (0.06) | 1.8 - ND | 0.49 | PCE sources include discharge from factories, dry cleaners, and auto shops (metal degreaser). Some people who use water containing tetrachloroethylene <i>in excess</i> of the MCL over many years may experience liver problems, and may have an increased risk of getting cancer. |
| Trichloroethylene (TCE) | ppb | 5 | (1.7) | 0.5 - ND | 0.02 | TCE sources include discharge from metal degreasing sites and other factories. Some people who use water containing trichloroethylene in excess of the MCL over many years may experience liver problems, and may have an increased risk of getting cancer. |

2011 Water Quality Analysis Results Table

| Parameter | Units | State MCL, NL, AL or MRDL | MCLG, (PHG) or MRDLG | SGCWD Groundwater | | Major sources and typical health effects of the contaminant |
|---|-------|---------------------------|----------------------|-------------------|---------|---|
| | | | | Range | Average | |
| RADIOACTIVE CONTAMINANTS | | | | | | |
| ***Gross Alpha particle activity | PCI/L | 15 | 0 | 13 - ND | 2.82 | Gross Alpha particle activity sources come from erosion of natural deposits. Certain minerals are radioactive and may emit a form of radiation known as alpha radiation. Some people who drink water containing alpha emitters in excess of the MCL over many years may have an increased risk of getting cancer. |
| ***Uranium | PCI/L | 20 | (0.43) | 10 - ND | 2.82 | Uranium sources come from erosion of natural deposits. Some people who drink water containing uranium in excess of the MCL over many years may have kidney problems or an increased risk of getting cancer. |
| ***Radium 226 | PCI/L | 2 | (0.019) | 0.04 - ND | 0.007 | Radium 226 and Radium 228 sources come from erosion of natural deposits. Some people who drink water containing Radium 226 or 228 in excess of the MCL over many years may have an increased risk of getting cancer. |
| UNREGULATED CONTAMINANTS | | | | | | |
| * Boron | ppm | NL = 1 | (NA) | .18 - .12 | 0.15 | The babies of some pregnant women who drink water containing boron in excess of the notification level may have an increased risk of developmental effects, based on studies in laboratory animals. |
| 1,2,3 Trichloropropane (1,2,3 TCP) | ppt | NL = 5 | (0.7) | 6.1 - ND | 0.76 | Some people who use water containing 1,2,3 Trichloropropane in excess of the notification level over many years may have an increased risk of getting cancer, based on studies in laboratory animals. |
| N-nitrosodimethylamine (NDMA) | ppt | NL = 10 | (3) | 32.0 - ND | 6.37 | Possible sources include the production of 1,1-dimethylhydrazine for liquid rocket fuel, and in a variety of other industrial uses. NDMA and other nitrosamines can cause cancer in laboratory animals. |
| Secondary Standards - Aesthetic Standards Established by State of California Department of Health Services | | | | | | |
| *Foaming Agents (MBAS) | ppb | 500 | none | ND | ND | Foaming Agent sources in groundwater include municipal and industrial waste discharges. |
| *Turbidity | units | 5 | none | 0.10 - ND | 0.06 | Turbidity in groundwater is a solution of finely divided subsurface clay and silt. Turbidity is a measure of the cloudiness of the water. We monitor it because it is a good indicator of water quality and high turbidity can hinder the effectiveness of disinfectants. Soil runoff. |
| *Color | units | 15 | none | ND | ND | Color sources in groundwater include naturally-occurring organic matter, and minerals. |
| *Odor-Threshold | units | 3 | none | 1 | 1 | Odor sources in groundwater include naturally-occurring organic materials. Dissolved minerals and gases. |
| *Chloride | ppm | 500 | none | 20 - 9.4 | 12.88 | Chloride sources in groundwater include runoff/leaching from natural deposits; seawater influence. |
| *Sulfate | ppm | 500 | none | 44 - 16 | 24 | Sulfate sources in groundwater include runoff/leaching from natural deposits; industrial wastes. |
| *Total Dissolved Solids | ppm | 1,000 | none | 310 - 190 | 242 | TDS in groundwater is a solution of finely divided inorganic material leaching from natural deposits. |
| *Specific Conductance | uS/cm | 1,600 | none | 480 - 310 | 378 | Specific Conductance measures substances that form ions when in water; seawater influence. |

Appendix D: Certification Form (suggested format)

Consumer Confidence Report Certification Form (to be submitted with a copy of the CCR)

Water System Name: SAN GABRIEL COUNTY WATER DISTRICT

Water System Number: 1910144

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 5/23/12, 5/30/12, 6/22/12, 6/28/12 (date) to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the Department of Public Health.

Certified by: Name: CASEY FEILEN
Signature: Casey Feilen
Title: PRODUCTION SUPERVISOR
Phone Number: (626) 287-0341 Date: 7-9-12

To summarize report delivery used and good-faith efforts taken, please complete the below by checking all items that apply and fill-in where appropriate:

CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used: Mail

"Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:

Posting the CCR on the Internet at www.

Mailing the CCR to postal patrons within the service area (attach zip codes used)

Advertising the availability of the CCR in news media (attach copy of press release) 91770, 91775, 91776, 91778

Publication of the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published)

Posted the CCR in public places (attach a list of locations)

Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools

Delivery to community organizations (attach a list of organizations)

For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www.

For investor-owned utilities: Delivered the CCR to the California Public Utilities Commission

United States Postal Service
Postage Statement — First-Class Mail and First-Class Package Service

Comments:
 WO#6185 REGULAR BILLS
 MAY SCPO WAWOP

Post Office Note: Mail Arrival Date & Time
 (Do Not Stamp)

| | | | | | |
|---------------|---|---------------------------------|---|--|--|
| MAILER | Permit Holder's Name and Address and Email Address, If Any | Telephone () - Extension | Name and Address of Mailing Agent (If other than permit holder) | Telephone (826)-368-6800 Extension | Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) |
| | SAN GABRIEL WATER DISTRICT 8388 GRAND AVE ROSEMEAD CA 91770 | | THE PROCESSORS 2202 BATEMAN AVE IRVINDALE CA 91010 | | SAN GABRIEL WATER DISTRICT 8388 GRAND AVE ROSEMEAD CA 91770 |
| | CAPS Cust. Ref. No. _____ CRID _____ | | CRID _____ | | CRID _____ |

| | | | | | | | |
|---|--|--|---|------------------------------------|---|---|---|
| MAILING | Post Office of Mailing SAN GABRIEL CA 917 | Processing Category (X) Letters () Flats () Parcels | Parcels Only Hold For Pickup (HFPUP) No. of Pieces | Mailer's Mailing Date 5/23/2012 | Federal Agency Cost Code | Statement Seq. No. WO#615 | |
| | Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered | For Mail Enclosed Within Another Class <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post <input type="checkbox"/> Periodicals | | | Weight of a Single Piece 0.0593 pounds | Combined Mailing <input type="checkbox"/> Single Class | Total Pieces 2,243 |
| | Permit # 180 | Move Update Method: <input checked="" type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> OneCode ACS <input type="checkbox"/> NCOALink <input type="checkbox"/> ACS <input type="checkbox"/> Alternate Method <input type="checkbox"/> Multiple <input type="checkbox"/> n/a Alternative Address Format | | | | | No. & Type of Containers 1' MM Trays 3 2' MM Trays 7 2' EMM Trays Total Trays 10 Flat Trays Sacks Pallets Other |
| For Automation Price Pieces, Enter Date of Address Matching and Coding 5/18/2012 | | | | | | | Total Weight 135.0089 |

| | | |
|----------------|--|---|
| POSTAGE | Letter or Flat-size mailpieces contain: <input type="checkbox"/> Reply card or reply envelope <input type="checkbox"/> Only contents that are not required to be mailed FCM <input type="checkbox"/> DVD/CD or other disk <input type="checkbox"/> Round Trip ONLY; One DVD/CD or other disk | Parts Completed (Select all that apply) <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> NSA <input type="checkbox"/> F <input type="checkbox"/> S |
| | 1 | Subtotal Postage (Add parts totals) 951.03 |
| | 2 | Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither pcs. x \$ = Postage Affixed |
| | 3 | Incentive/Discount Flat Dollar Amount |
| | 4 | Fee Flat Dollar Amount |
| 5 | Permit # | Net Postage Due (Line 1 +/- Lines 2, 3, 4) |

| | |
|--|--|
| Additional Postage Payment (State reason) | Total Adjusted Postage Affixed |
| Postmaster Report Total Postage in AIG 121 | Total Adjusted Postage Permit Imprint |

CERTIFICATION
 Incentive/Discount Claimed: _____ Type of Fee: _____
 The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulations, or contains that requires the use of special handling information on this form or why write information requested on this form; may be subject to criminal and/or civil penalties, including fines and imprisonment.

| | | |
|------------------------------|---|--|
| Signature of Mailer or Agent | Printed Name of Mailer or Agent Signing Form THE PROCESSORS GREG HANSEN | Telephone (626)-368-6800 Extension |
|------------------------------|---|--|

| | |
|--|--|
| Weight of a Single Piece | Are the contents of the mailpieces clearly marked with the address? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Total Pieces | Total Weight |
| Total Postage | Round Stamp (Required) Payment Date |
| Person Verification Performed? (If required) | Date Mailed |
| (CERTIFY that this mailing has been inspected for each item below): (1) eligibility for postage prices claimed (2) proper preparation (and person where required) (3) proper completion of postage statement (4) payment of annual fee (and (5) sufficient funds on deposit (if required) | By (Initials) |
| USPS Employee's Signature | Print USPS Employee's Name |

United States Postal Service
**Postage Statement — First-Class Mail and
 First-Class Package Service**

Comments:
 WO#8201 REG BILL#
 SECOND SET MAY 3GPO

Post Office Note: Mail Arrival Date & Time
 (Do Not Round Stamp)

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|----------------------------|---|-----------------------------------|---|--|---|
| M A I L E R | Permit Holder's Name and Address and Email Address, If Any SAN GABRIEL WATER DISTRICT 8366 GRAND AVE ROSEMEAD CA 91770 | Telephone () - - Extension | Name and Address of Mailing Agent (If other than permit holder) THE PROCESSORS 2396 BATEMAN AVE IRVINDALE CA 91010 | Telephone (626)-358-5600 Extension | Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) SAN GABRIEL WATER DISTRICT 8366 GRAND AVE ROSEMEAD CA 91770 |
| | CAPS Cust. Ref. No. CRID | | CRID | | CRID |

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|---------------------------------|--|--|---|------------------------------------|---|---|
| M A I L I N G | Post Office of Mailing SAN GABRIEL CA 917 | Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels | Parcels Only Hold For Pickup (HFPU) No. of Pieces | Mailer's Mailing Date 5/30/2012 | Federal Agency Cost Code | Statement Seq. No. WO#618 |
| | Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered | Permit # 180 | For Mail Enclosed Within Another Class <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post <input type="checkbox"/> Periodicals | | Weight of a Single Piece 0.0593 pounds | Combined Mailing <input type="checkbox"/> Single Class |

| | | | | |
|---------------------------------|--|--|--|---|
| P O S T A G E | For Automation Price Pieces, Enter Date of Address Matching and Coding 6/24/2012 | Move Update Method: <input checked="" type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> OneCode ACS <input type="checkbox"/> NCOALink <input type="checkbox"/> ACS <input type="checkbox"/> Alternate Method <input type="checkbox"/> Multiple <input type="checkbox"/> n/a Alternative Address Format | Letter or Flat-size mailpieces contain: <input type="checkbox"/> Reply card or reply envelope <input type="checkbox"/> Only contents that are not required to be mailed FCM <input type="checkbox"/> DVD/CD or other disk <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk | Parts Completed (Select all that apply) <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> NSA <input type="checkbox"/> F <input type="checkbox"/> S |
| | Subtotal Postage (Add parts totals) 995.98 | | | |
| | Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither | | | pcs. x \$ = Postage Affixed |
| | Incentive/Discount Flat Dollar Amount | | | |
| | Fee Flat Dollar Amount | | | |

| | |
|---|---------------------------------------|
| Additional Postage Payment (State reason) | Total Adjusted Postage Affixed |
| For postage affixed add additional payment to net postage due for permit imprint and additional payment for total postage | Total Adjusted Postage Permit Imprint |
| Postmaster Report Total Postage in AIG 121 | |

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Incentive/Discount Claimed: _____ Type of Fee: _____

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

| | | |
|------------------------------|---|--|
| Signature of Mailer or Agent | Printed Name of Mailer or Agent Signing Form THE PROCESSORS GREG HANSEN | Telephone (626)-358-5600 Extension |
|------------------------------|---|--|

| | | |
|---|---|------------------|
| Weight of a Single Piece pounds | Are postage figures at item adjusted from mailer's entries? If yes, reason: | Yes No |
| Total Pieces | Total weight | |
| Total Postage | | |
| Presort Verification Performed? (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Mailer Notified | Contact |
| CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage price claimed (2) proper preparation (and presort where required) (3) proper completion of postage statement (4) payment of annual fee and (5) sufficient funds on deposit (if required) | By (Initials) | Time AM PM |
| USPS Employee's Signature | Print USPS Employee's Name | |

United States Postal Service
**Postage Statement — First-Class Mail and
 First-Class Package Service**

Comments:
 WO#6266 REGULAR BILLS
 JUNE SGPO

Post Office Note/Mail Arrival Date
 Do Not Round Stamp

| | | | | | |
|--------|---|-----------------------------|---|------------------------------------|--|
| MAILER | Permit Holder's Name and Address and Email Address, if Any | Telephone () - - Extension | Name and Address of Mailing Agent (if other than permit holder) | Telephone (626)-356-5600 Extension | Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder) |
| | SAN GABRIEL WATER DISTRICT 8366 GRAND AVE ROSEMEAD CA 91770 | | THE PROCESSORS 2386 BATEMAN AVE IRWINDALE CA 91010 | | SAN GABRIEL WATER DISTRICT 8366 GRAND AVE ROSEMEAD CA 91770 |
| | CAPS Cust. Ref. No. CRID | | CRID | | CRID |

| | | | | | | |
|---------|---|--|---|---|---|---|
| MAILING | Post Office of Mailing SAN GABRIEL CA 917 | Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels | Parcels Only Hold For Pickup (NFPU): No. of Pieces | Mailer's Mailing Date 6/22/2012 | Federal Agency Cost Code | Statement Seq. No. WO#627 |
| | Type of <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Pre-cancelled Stamps <input type="checkbox"/> Metered | | | Weight of a Single Piece 0.0593 pounds | Combined Mailing <input type="checkbox"/> Single Class | Total Pieces 2,265 |
| | Permit # 180 | For Mail Enclosed Within Another Class <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post <input type="checkbox"/> Periodicals | | | | No. & Type of Containers 1' MM Trays 4 2' MM Trays 7 2' EMM Trays Total Trays 11 Flat Trays Sacks Pallets Other |
| | For Automation Price Pieces, Enter Date of Address Matching and Coding 6/20/2012 | Move Update Method: <input checked="" type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> OneCode ACS <input type="checkbox"/> NCOALink <input type="checkbox"/> ACS <input type="checkbox"/> Alternate Method <input type="checkbox"/> Multiple <input type="checkbox"/> n/a Alternative Address Format | | | | Total Weight 134.3145 |

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| POSTAGE | Letter or Flat-size mailpieces contain: <input type="checkbox"/> Reply card or reply envelope <input type="checkbox"/> Only contents that are not required to be mailed FCM <input type="checkbox"/> DVD/CD or other disk <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk | Parts Completed (Select all that apply) <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> NSA <input type="checkbox"/> F <input type="checkbox"/> S |
| | 1 | Subtotal Postage (Add parts totals) 960.36 |
| | 2 | Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or pre-cancelled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither pcs. x \$ = Postage Affixed |
| | 3 | Incentive/Discount Flat Dollar Amount |
| | 4 | Fee Flat Dollar Amount |
| 5 | Permit # | Net Postage Due (Line 1 +/- Lines 2, 3, 4) |

| | |
|--|--|
| Additional Postage Payment (state reason) | Total Adjusted Postage Affixed |
| For postage affixed add additional payment to net postage due for permit imprint add additional payment to total postage | Total Adjusted Postage Permit Imprint |
| Postmaster Report Total Postage in AIC 121 | |

Incentive/Discount Claimed: _____ Type of Fee: _____

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent: 

Printed Name of Mailer or Agent Signing Form: THE PROCESSORS
GREG HANSEN

Telephone (626)-356-5600
Extension

| | |
|--|---|
| Weight of a Single Piece | Postage figures are adjusted from meter's meter? Yes/No |
| Total Pieces | Total Weight |
| Total Postage | Round Stamp (Required) Payment Date |
| Presort Verification Performed? (Required) <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Mailer Notified |
| CERTIFY that this mailing has been inspected for each item below, if required: (1) digital postage prices claimed (2) price verification and maximum weight required (3) proper completion of postage statements (4) payment of annual fees and (5) sufficient under-on deposit (if required) | Contact |
| USPS Employee's Signature | Print USPS Employee's Name |

United States Postal Service
**Postage Statement — First-Class Mail and
 First-Class Package Service**

Comments:
 WO#6301 REG BILLS
 2ND SET JUNE SGPO

Post Office ZIP+4 Mail Arrival Date: _____
 (Do Not Round Stamp)

| | | | | | |
|---------------|--|--|--|---|--|
| MAILER | Permit Holder's Name and Address and Email Address, If Any SAN GABRIEL WATER DISTRICT 8366 GRAND AVE ROSEMEAD CA 91770 | Telephone () - _____ Extension _____ | Name and Address of Mailing Agent (If other than permit holder) THE PROCESSORS 2396 BATEMAN AVE IRVINDALE CA 91010 | Telephone (826)-358-6600 Extension _____ | Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) SAN GABRIEL WATER DISTRICT 8366 GRAND AVE ROSEMEAD CA 91770 |
| | CAPS Cust. Ref. No. _____ CRID _____ | | CRID _____ | | CRID _____ |

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|------------------------|--|--|---|---|--------------------------------|--|---|
| MAILING | Post Office of Mailing SAN GABRIEL CA 917 | Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels | Parcels Only Hold For Pickup (HFPU): No. of Pieces _____ | Mailer's Mailing Date 6/28/2012 | Federal Agency Cost Code _____ | Statement Seq. No. WO#628 | |
| | Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered | For Mail Enclosed Within Another Class <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post <input type="checkbox"/> Periodicals | Weight of a Single Piece 0.0583 pounds | Combined Mailing <input type="checkbox"/> Single Class | Total Pieces 2,341 | No. & Type of Containers 1' MM Trays 2 2' MM Trays 8 2' EMM Trays 10 | Total Weight 189.8213 |
| Permit # 180 | For Automation Price Pieces, Enter Date of Address Matching and Coding 6/27/2012 | Move Update Method: <input checked="" type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> OneCode ACS <input type="checkbox"/> NCOALink <input type="checkbox"/> ACS <input type="checkbox"/> Alternate Method <input type="checkbox"/> Multiple <input type="checkbox"/> n/a Alternative Address Format | Customer Generated Electronic Labels <input type="checkbox"/> DelCon <input type="checkbox"/> SigCon | | | | Flat Trays Sacks Pallets Other |

| | | |
|----------------|--|---|
| POSTAGE | Letter or Flat-size mailpieces contain: <input type="checkbox"/> Reply card or reply envelope <input type="checkbox"/> Only contents that are not required to be mailed FCM <input type="checkbox"/> DVD/CD or other disk <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk | Parts Completed (Select all that apply) <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> NSA <input type="checkbox"/> F <input type="checkbox"/> S |
| | 1 | Subtotal Postage (Add parts totals) 992.58 |
| | 2 Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither | pcs. x \$ = Postage Affixed |
| | 3 | Incentive/Discount Flat Dollar Amount |
| | 4 | Fee Flat Dollar Amount |
| 5 | Net Postage Due (Line 1 +/- Lines 2, 3, 4) | |

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| Additional Postage Payment (State reason): | |
| For postage affixed and additional payment to net postage due for permit imprint add additional payment to total postage | Total Adjusted Postage Affixed |
| Postmaster Report Total Postage in AIC 121 | Total Adjusted Postage Permit Imprint |

CERTIFICATION

Incentive/Discount Claimed: _____ Type of Fee: _____

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

| | | |
|------------------------------|---|---|
| Signature of Mailer or Agent | Printed Name of Mailer or Agent Signing Form THE PROCESSORS GREG HANSEN | Telephone (826)-358-6600 Extension _____ |
|------------------------------|---|---|

| | | |
|---|---|------------------|
| Weight of a Single Piece _____ | Are postage figures as left adjusted from mailer's entries? If yes, reason: _____ | Yes No |
| Total Pieces _____ | | |
| Total Weight _____ | | |
| Total Postage _____ | | |
| Presort Verification Performed? (If required) Yes No | Date Mailed/Noticed _____ | Contract _____ |
| ICBRTM (that this mailing has been inspected for each item below) (required) (1) eligibility for postage prices claimed (2) proper preparation (and presort where required) (3) proper completion of postage statement (4) payment of annual fees and (5) sufficient USPS Universal Mailmark (UMM) | By (Initials) _____ | Time _____ AM/PM |
| USPS Employee's Signature _____ | Print USPS Employee's Name _____ | |